

STATE OF NEW JERSEY
DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS
COMPUTER TRAINING CENTER
DIRECTORATE OF INFORMATION MANAGEMENT

COURSE REGISTRATION FORM

(Please use a separate form for each course)

Name: _____ Social Security # _____

Unit/Directorate/Section _____

E-Mail Address _____

Work Phone: _____ Home Phone _____

Type Of Employee (Admin Support, Professional, Management) _____

State Employee ☐

AGR or Federal Technician ☐

Previous Computer Courses: _____

Typing Ability (Check One): ☐ Beginner ☐ Intermediate ☐ Advanced

Mouse Ability (Check One): ☐ Beginner ☐ Intermediate ☐ Advanced

Course Title: _____

Date Requested:

Location:

1ST CHOICE _____

1ST CHOICE _____

2ND CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

3RD CHOICE _____

SUPERVISOR'S APPROVAL

I approve of this course registration request.

Supervisor's Name (Please print or type)

Supervisor's Signature

Supervisor's Telephone Number

Supervisor's E-Mail Address

Student Signature

Once this registration is confirmed, I will notify Customer Support (609-530-6899) in advance of any changes in my schedule. This notification will be followed up in writing with the reasons for the change within five days.

Date

Signature